

Knowledge-Based System Environment

Example: CLIPS

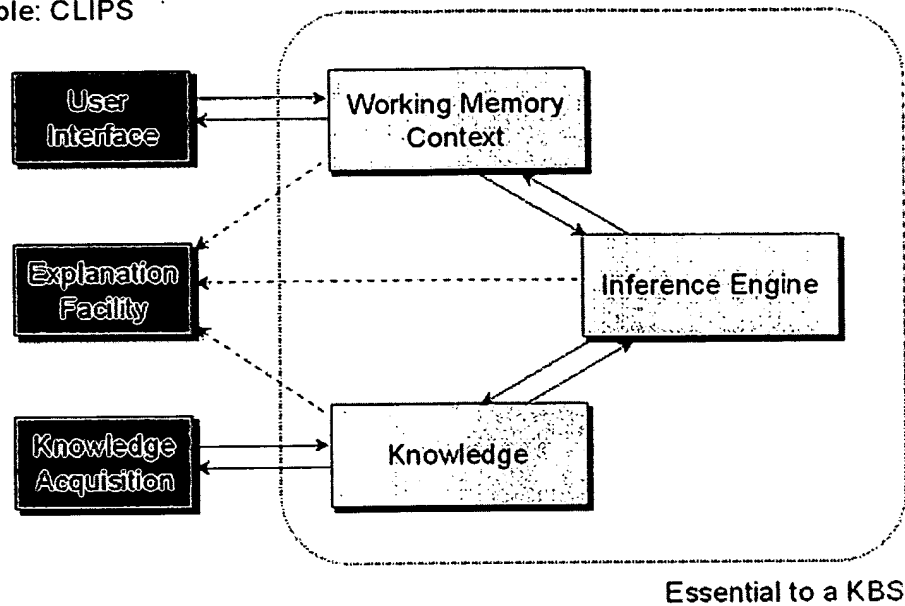


FIG. 1

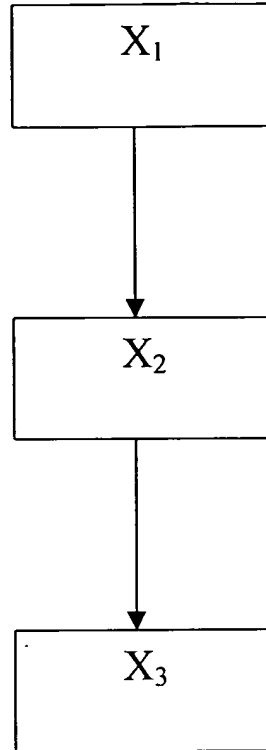


FIG. 2

3-D ELICIT MODEL

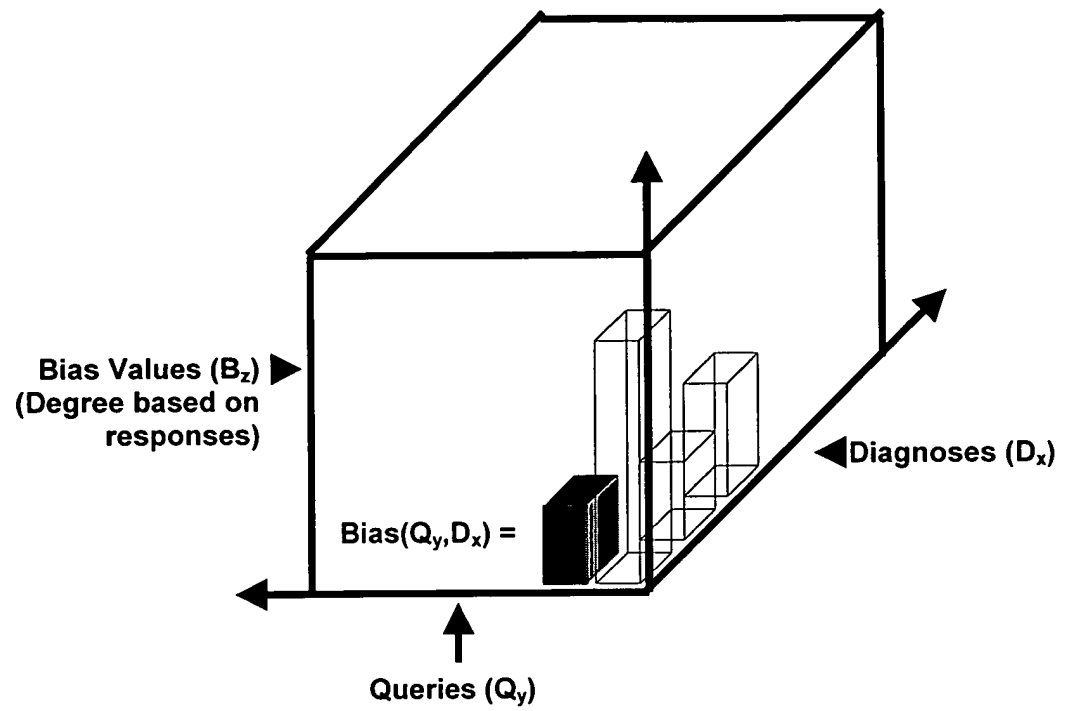
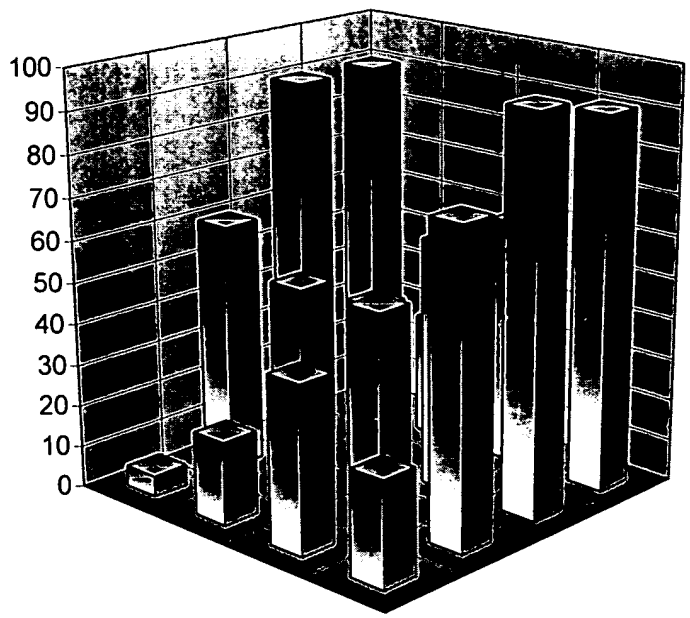


FIG. 3

Sample 3-D Model



Bias = $B(D_1, Q_1) = 90$

	D ₁	D ₂	D ₃	D ₄
Q ₁	90	80	45	55
Q ₂	100	20	85	15
Q ₃	25	45	90	95
Q ₄	45	65	20	80

FIG. 4

End Implementation

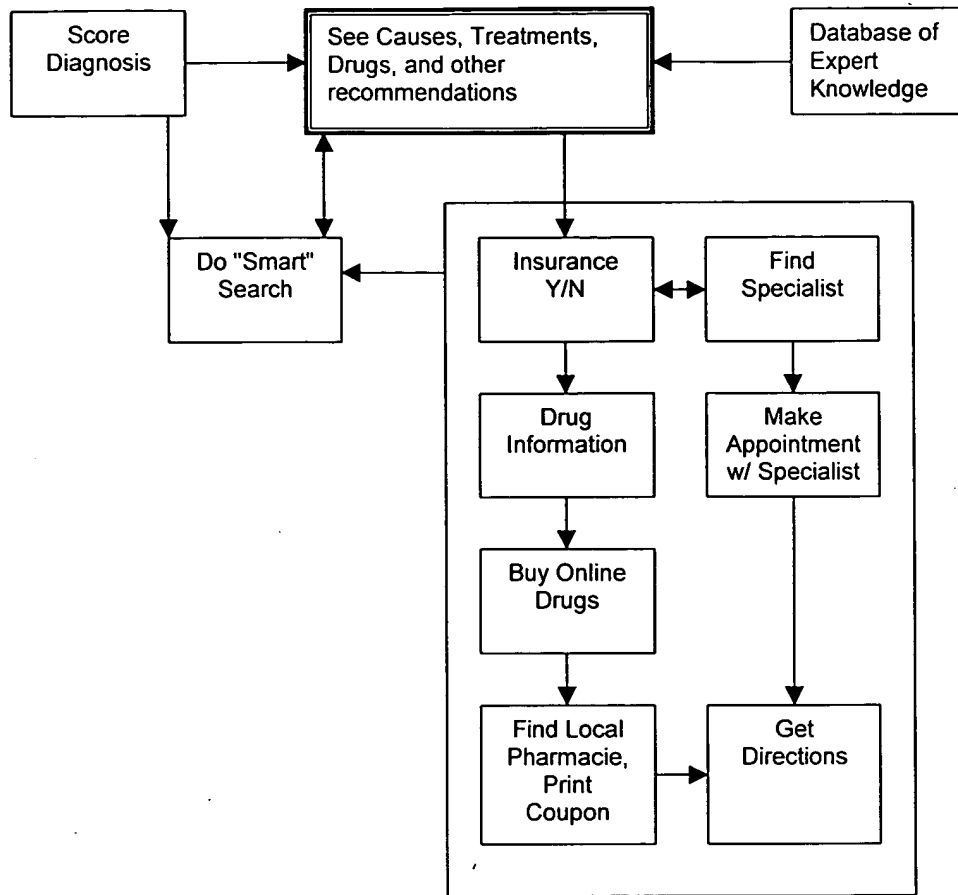


FIG. 5

Process - Acquisition of Expert Data

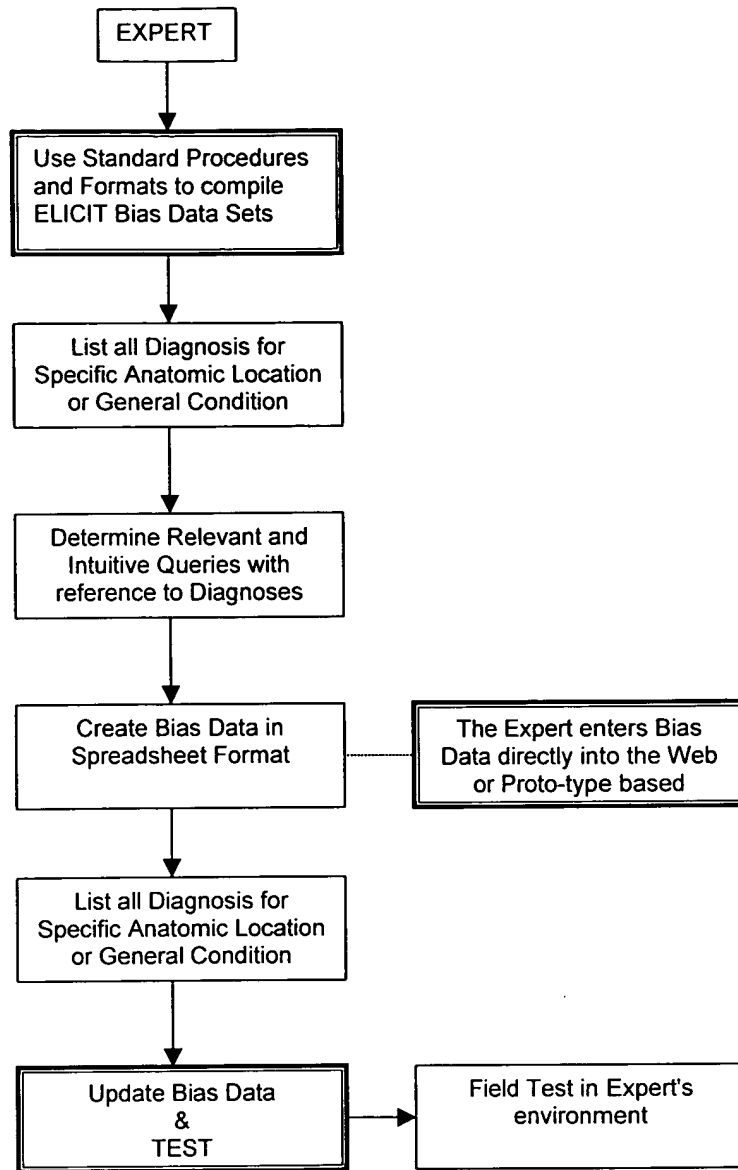


FIG. 6

SAMPLE EXPERT 3D-DATA INPUT SCREEN

MENU

Add Query

Add Diagnosis

▼ Queries ▼

Diagnoses ►

ACL Tear

PCL Tear

MM Tear

L

<input type="button" value="Edit"/>	Was there an injury?	90 <input type="checkbox"/>	90 <input type="checkbox"/>	90 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Did you trip or fall?	20 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Were you in an accident involving a vehicle?	30 <input type="checkbox"/>	30 <input type="checkbox"/>	20 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Were you playing a sport?	70 <input type="checkbox"/>	70 <input type="checkbox"/>	70 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Did you twist your knee?	70 <input type="checkbox"/>	70 <input type="checkbox"/>	70 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Did you injure your knee while jumping?	60 <input type="checkbox"/>	60 <input type="checkbox"/>	60 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Was the injury pain immediate?	80 <input type="checkbox"/>	70 <input type="checkbox"/>	60 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Was the injury pain delayed?	20 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Was the injury swelling immediate?	80 <input type="checkbox"/>	70 <input type="checkbox"/>	60 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Was the injury swelling delayed?	20 <input type="checkbox"/>	30 <input type="checkbox"/>	30 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Was there swelling above or around the kneecap?	95 <input type="checkbox"/>	85 <input type="checkbox"/>	80 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Walking in general or level ground	10 <input type="checkbox"/>	10 <input type="checkbox"/>	40 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Walking up or down hills	20 <input type="checkbox"/>	20 <input type="checkbox"/>	40 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Running	30 <input type="checkbox"/>	20 <input type="checkbox"/>	40 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Biking	20 <input type="checkbox"/>	10 <input type="checkbox"/>	30 <input type="checkbox"/>	
<input type="button" value="Edit"/>	Squatting	30 <input type="checkbox"/>	20 <input type="checkbox"/>	80 <input type="checkbox"/>	
<input type="button" value="Edit"/>	While sitting	20 <input type="checkbox"/>	10 <input type="checkbox"/>	40 <input type="checkbox"/>	

FIG. 7

Set Response Rankin

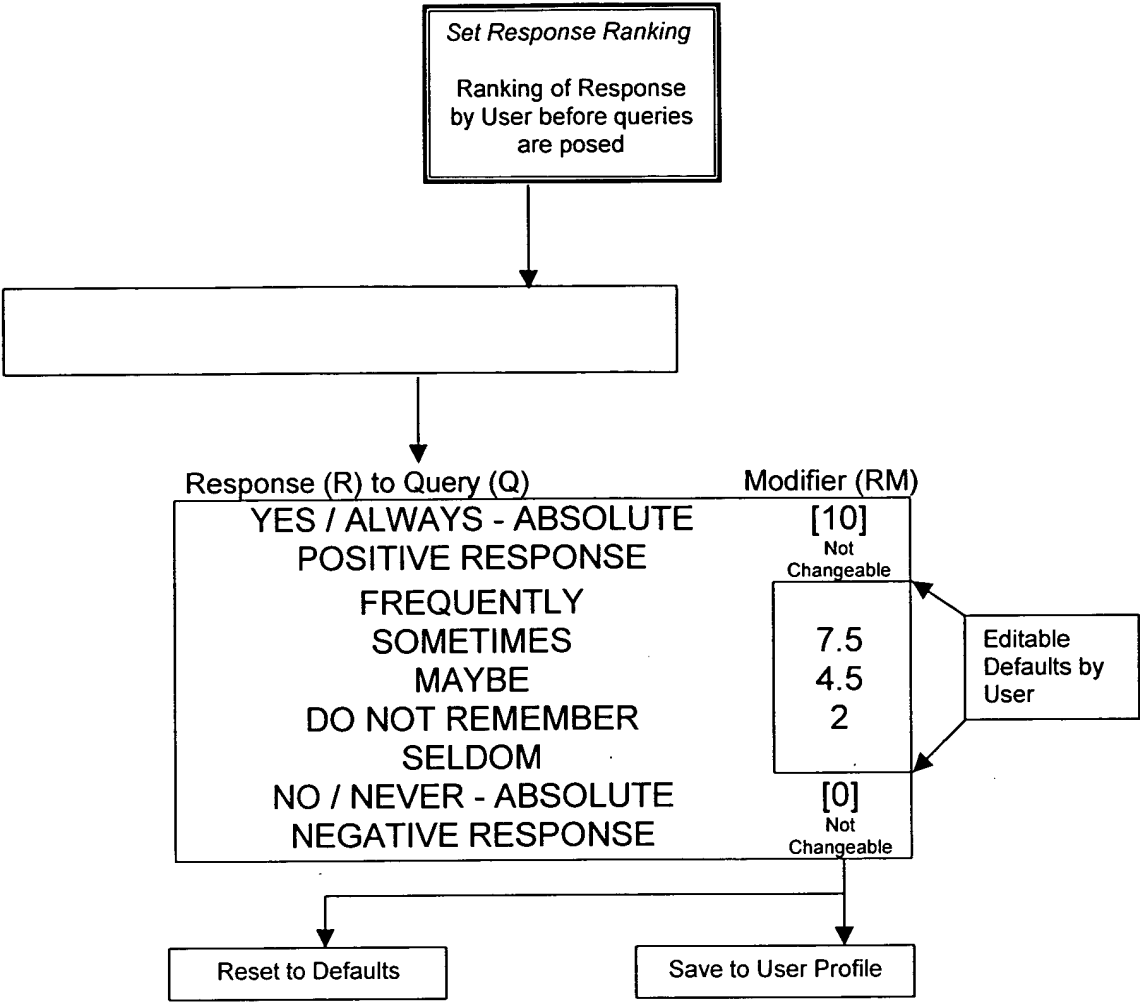


FIG. 8

COMPUTER

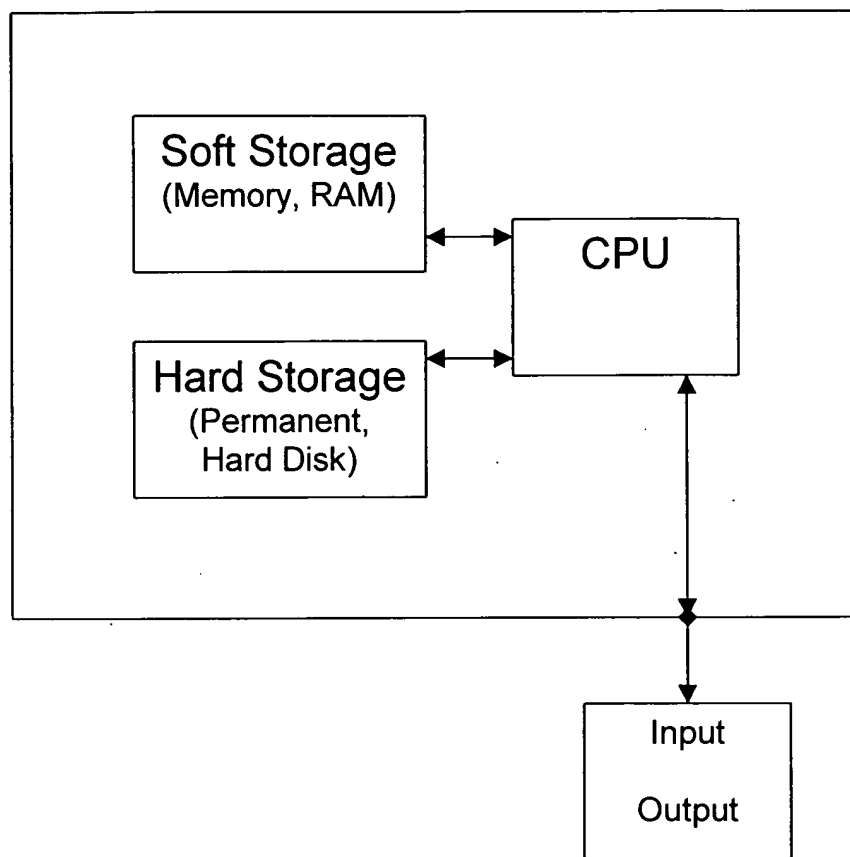


FIG. 9

General Description

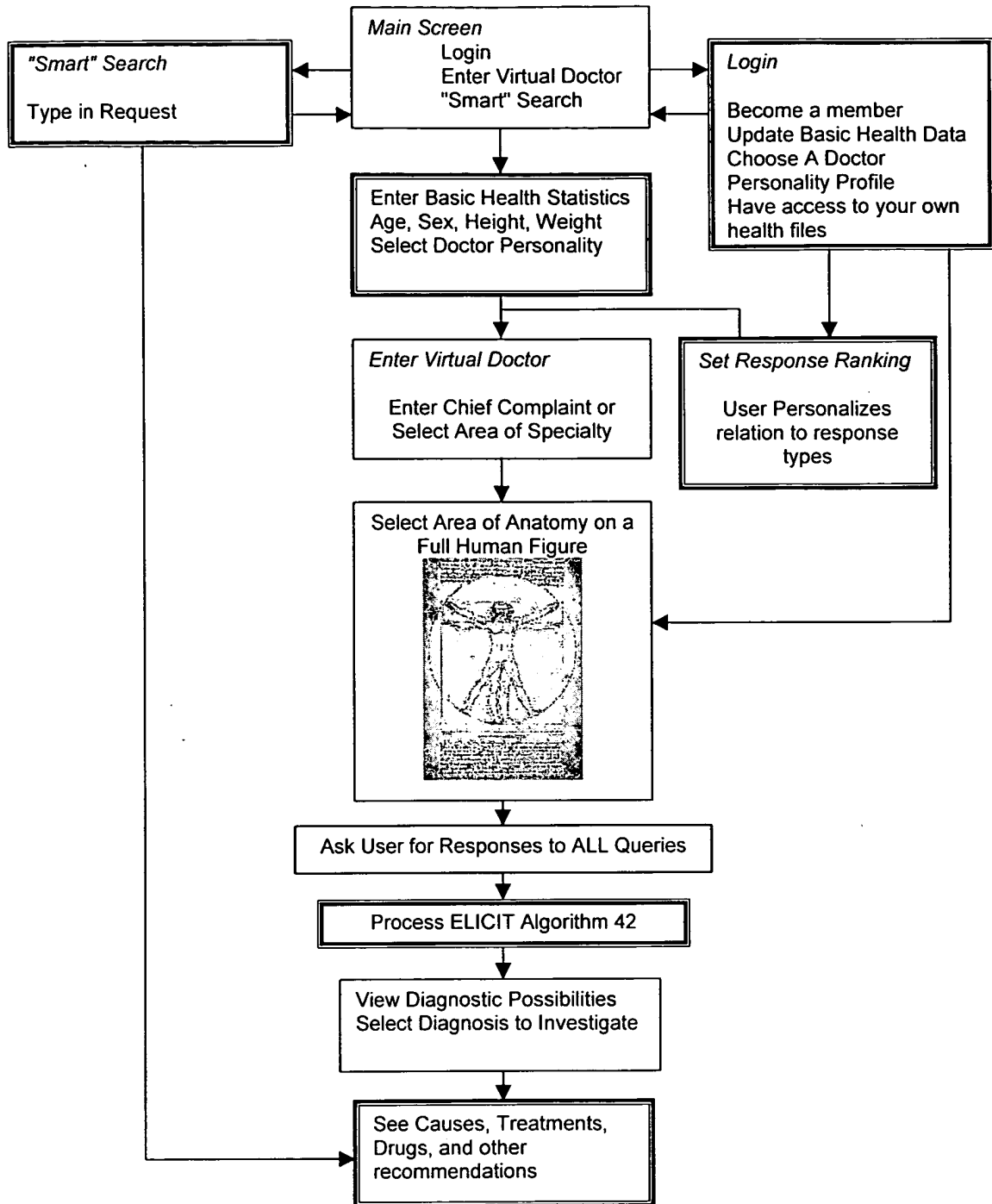


FIG. 10

Login / Enter Basic Health Stats

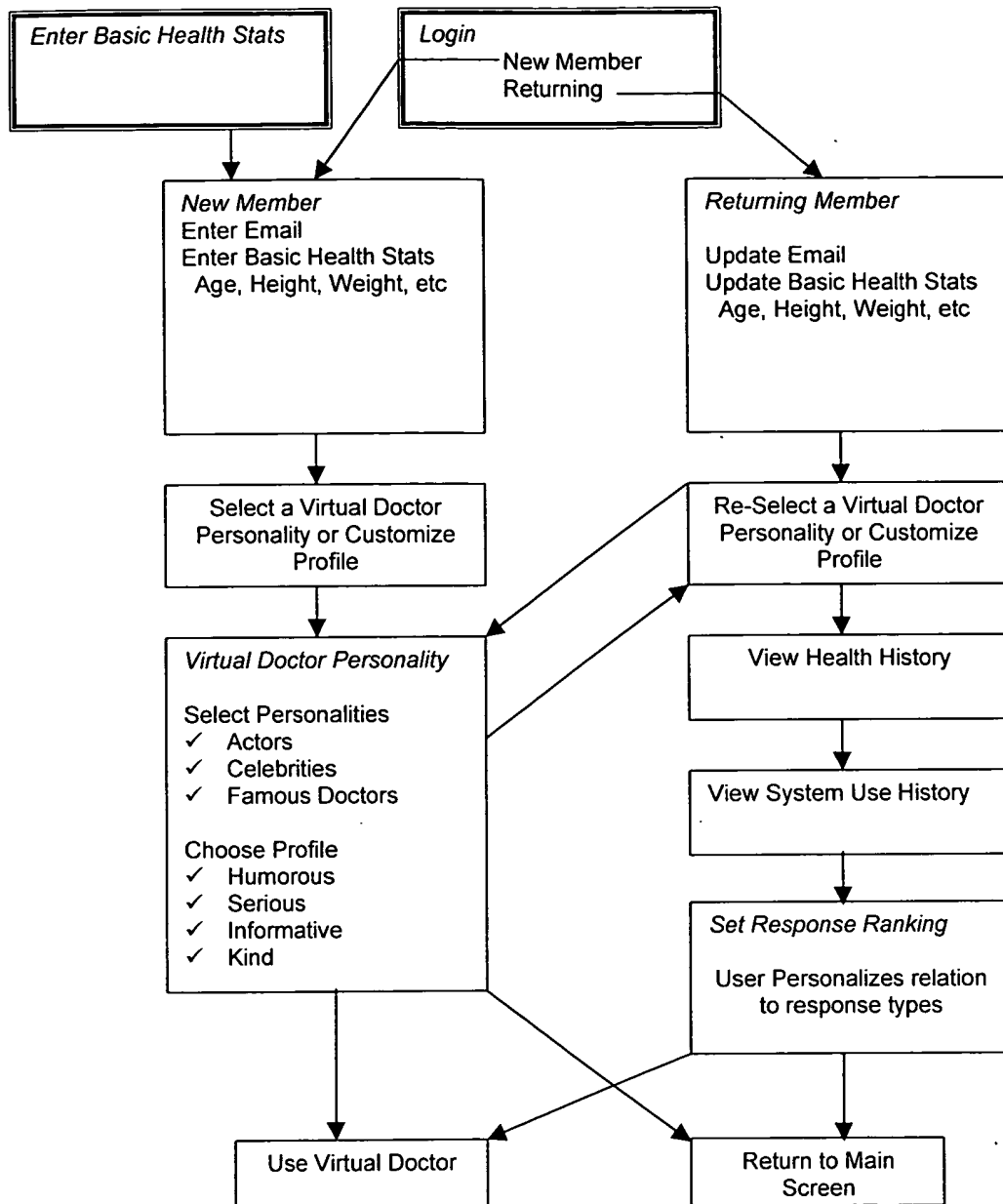


FIG. 11

"Smart" Search

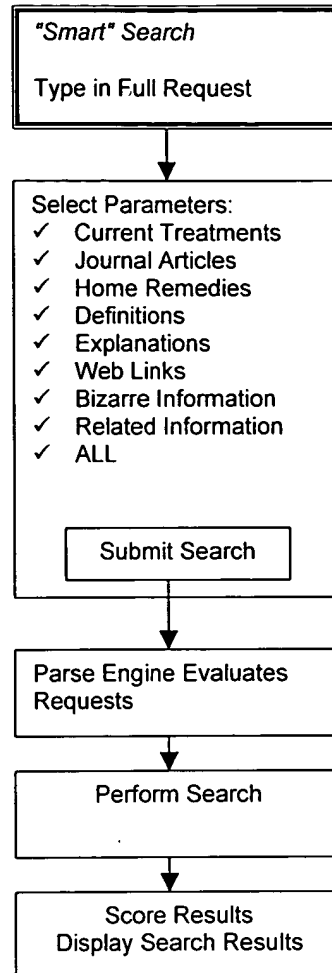


FIG. 12

ELICIT Algorithm 42 (Processing Responses to Queries)

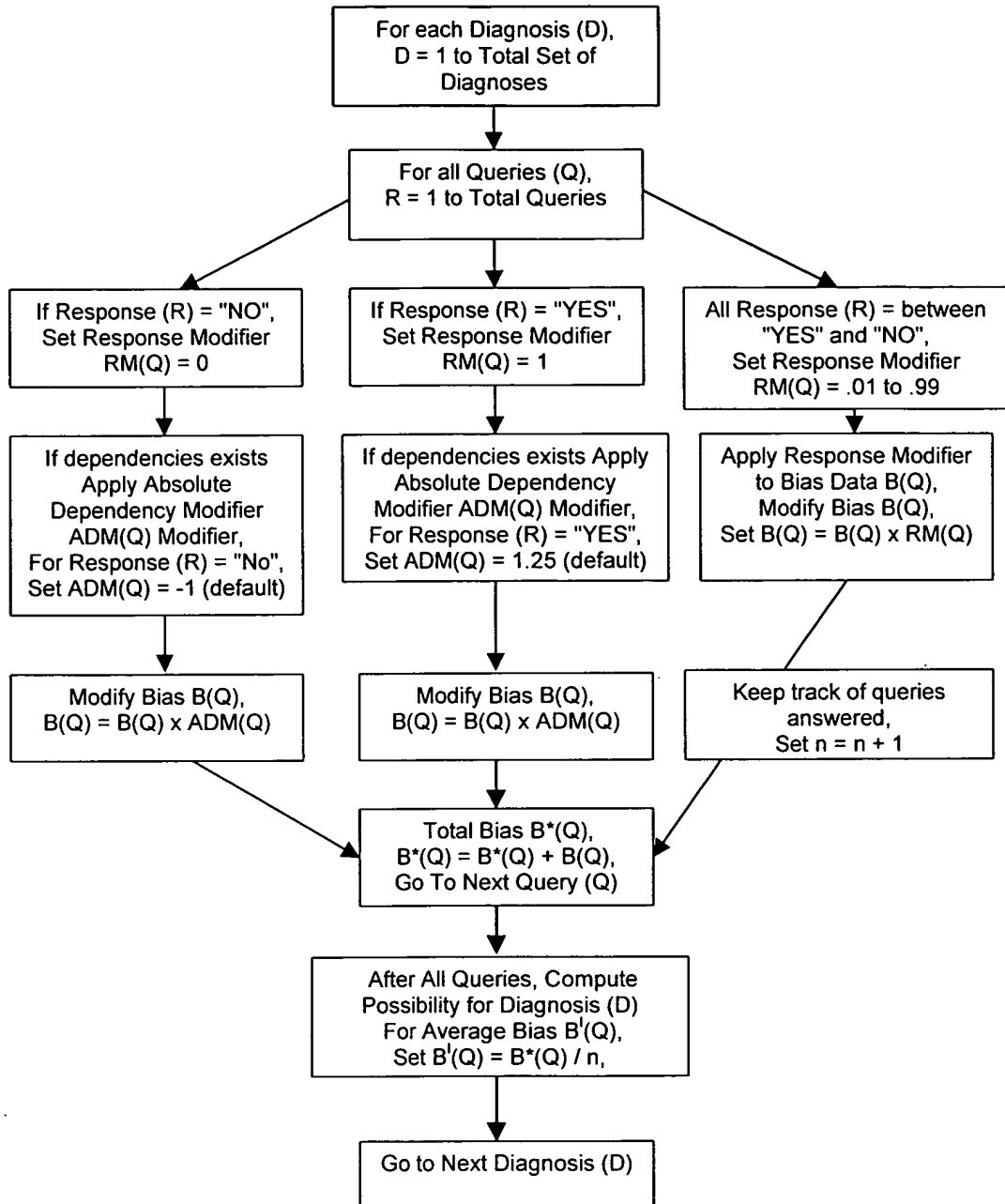


FIG. 13

Please circle/select all the areas where you feel tenderness or pain/discomfort pain?

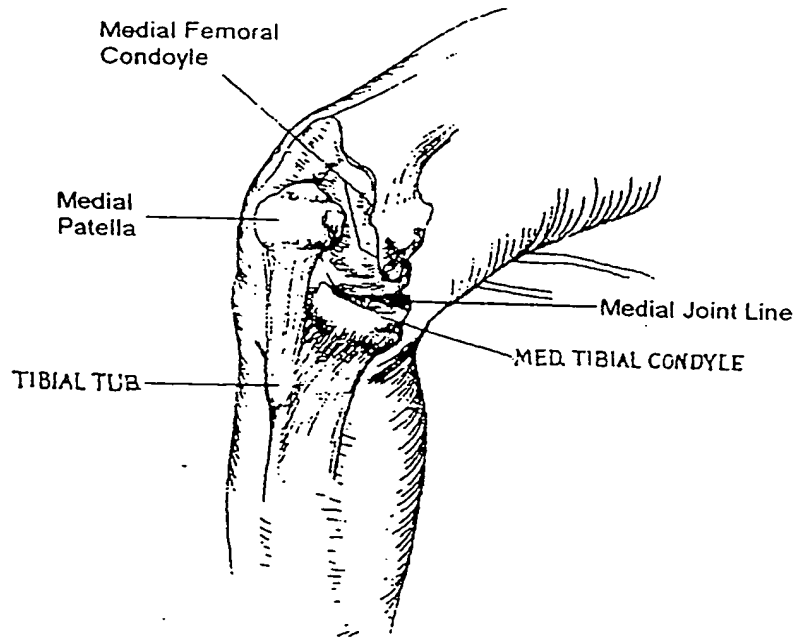
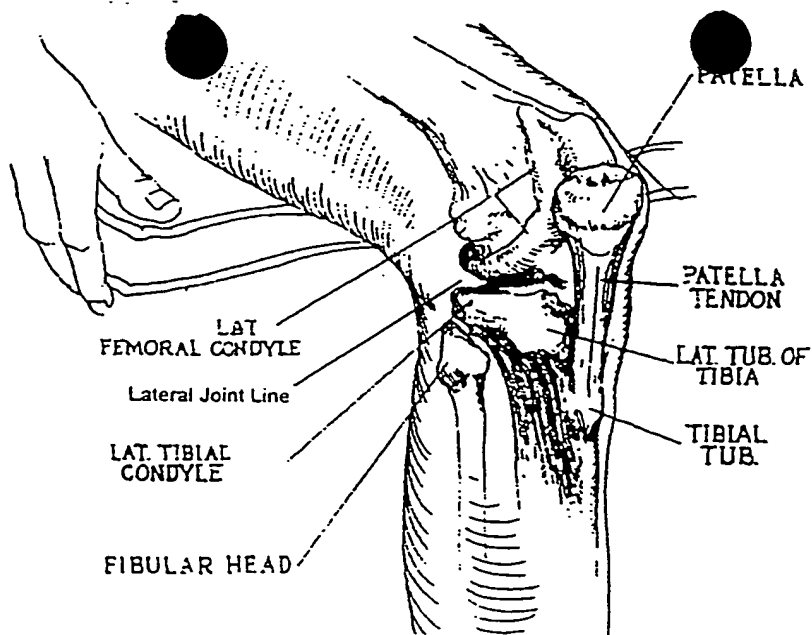


FIG. 14

09757615 040001

Don't wait for Doctors online anymore!

Your Personal Online Doctor...Now!

Want to know what could be wrong with you instantly and get specific information on insurance, treatments, specialists, perscriptions, home remedies and more ?

Just use our free "Virtual Doctor" application with utilizes advanced logic technology to accurately determine your paticular aligment. Ofcourse, you should never use this service to replace professional medical advice from your physican. Infact, we recommend always to seek professional medical advice regardless of the diagnostic response you recieve.

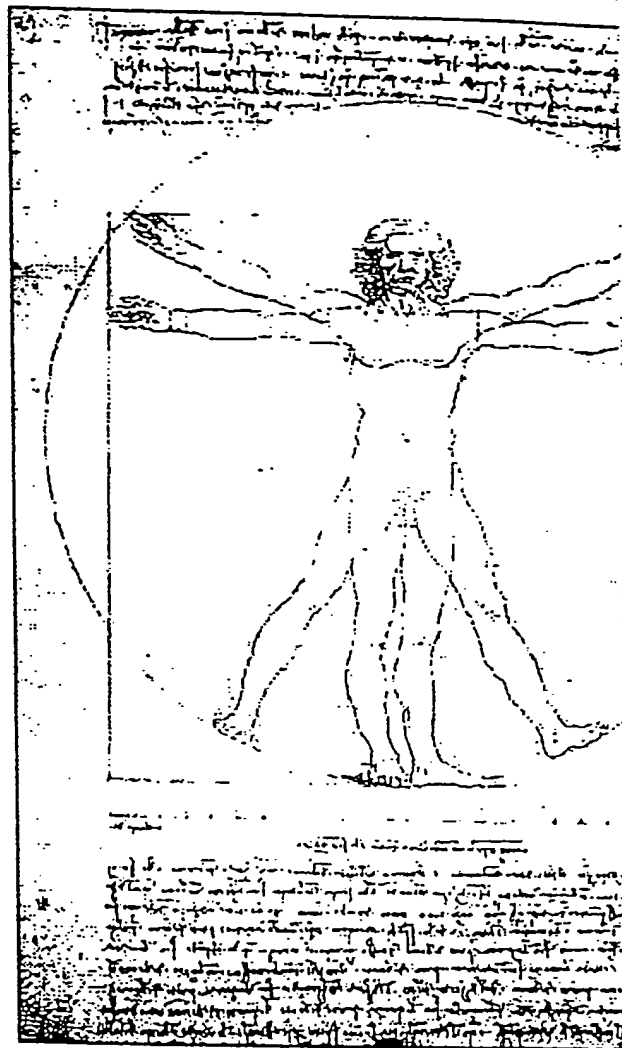


FIG. 15

No

No

No

Yes

Sometimes

Maybe

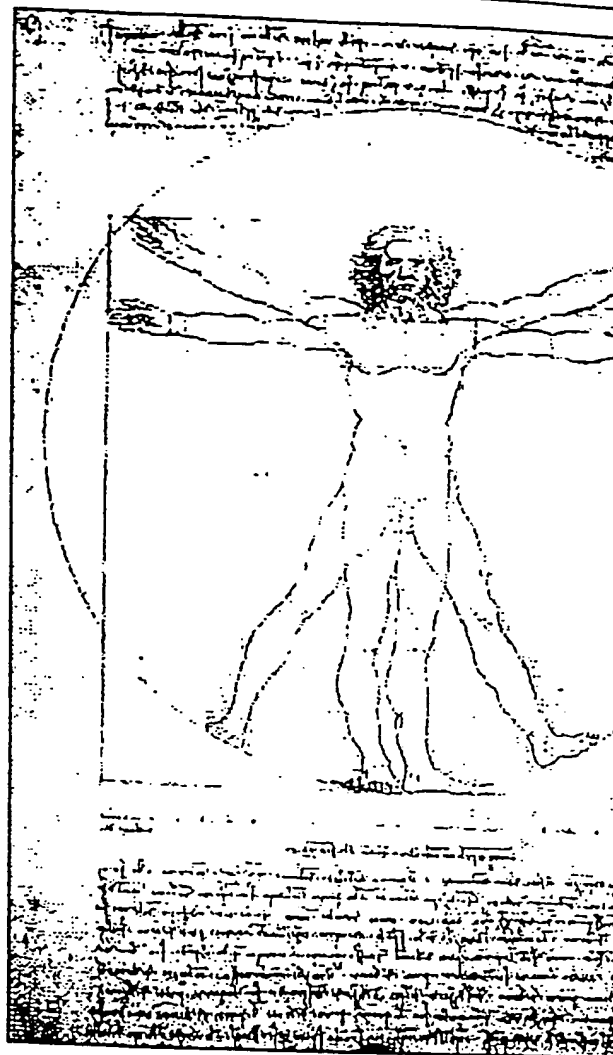
No

Don't remember

Don't remember ☐

No

Reset



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ELICIT Scalar Range, Rules, Possibility Scoring

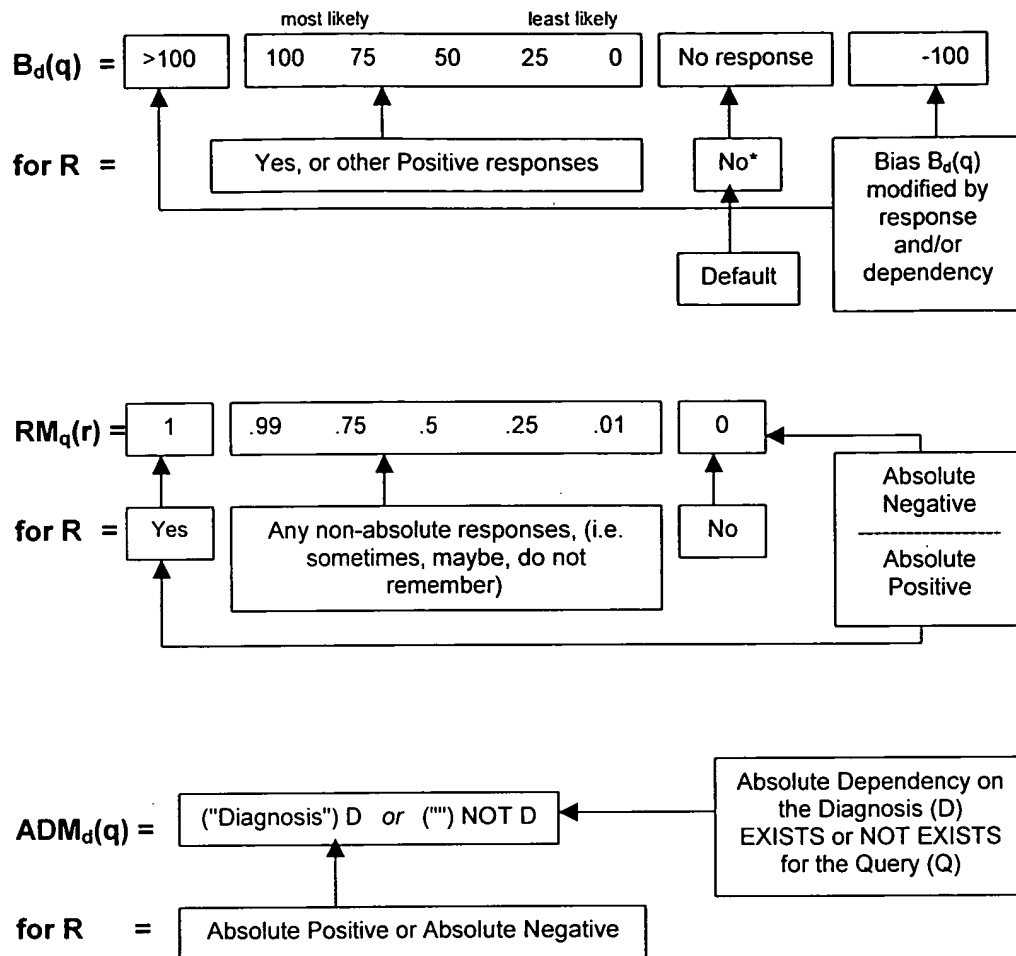


FIG. 17

Enter Questionnaire

Edit Data

Edit Data by
Questions

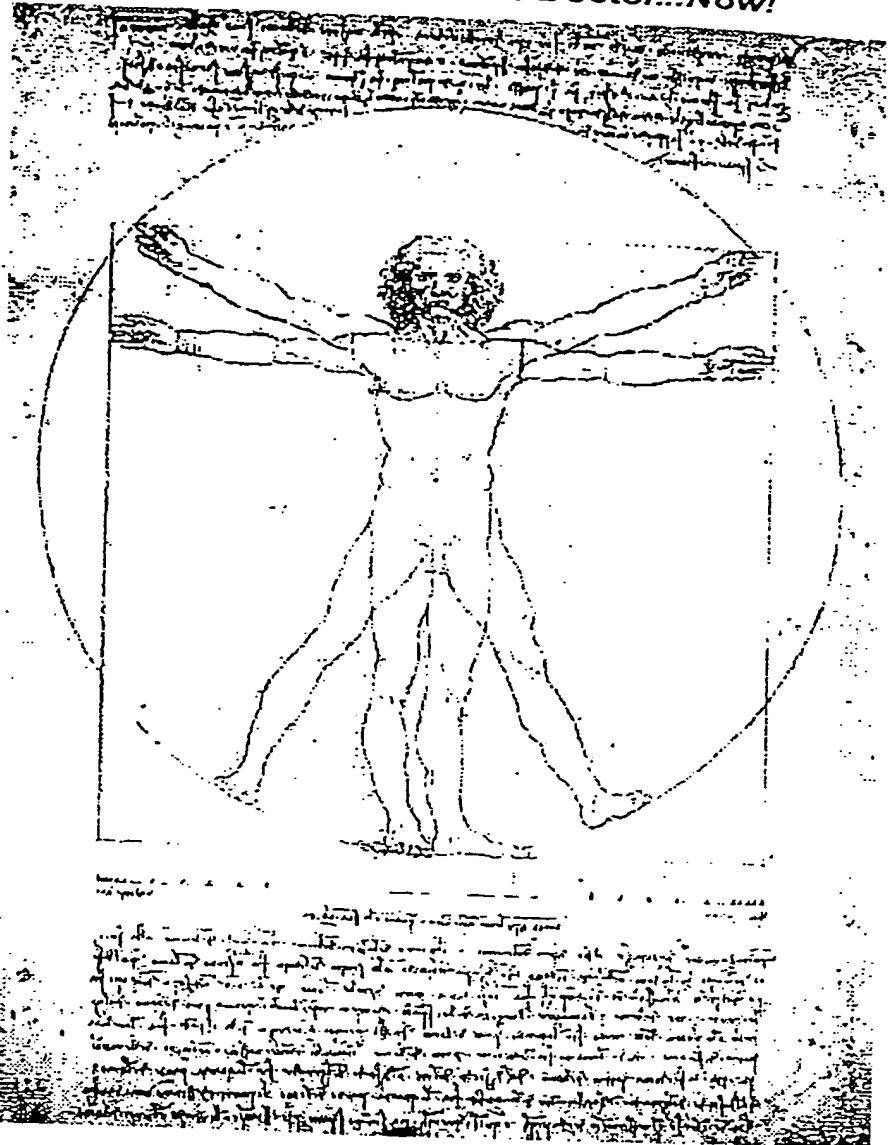


FIG. 18

Answer
Question
s that
apply

Knee

MAIN

Clear All

	Was it a recent injury?
	Did you trip or fall?
	Were you in an accident involving a vehicle?
Yes	Were you playing a sport?
	Did you twist your knee?
	Did you injury your knee while jumping?
	Was the injury pain immediate?
	Was the injury pain delayed?
	Was the injury swelling immediate?
	Was the injury swelling delayed?
Yes	Is there swelling above or around the kneecap?
Sometimes	Walking in general or level ground
Sometimes	Walking up or down hills
Yes	Running
Sometimes	Biking
Sometimes	Squatting
	While sitting
	Extended sitting
	In motion standing UP
	In motion sitting DOWN
	Has your knee ever locked up?
	Do you feel a general stiffness?
	You CAN NOT straighten your leg?
	Does your knee give out?
	Does your knee give out while walking straight?
	Does your knee give out while changing directions?
	Do you feel a loose body floating around?
Yes	Is the skin color around your knee normal?
	Is the skin color around your knee black or blue?
	Is there redness aound the knee area?
	Is there progressive angulation ?
Yes	Is there arindina or aratina?

FIG. 19

Ability Area Diagnosis

38 Ankle Sprain III

75 Ankle Sprain I, II

25 Achilles rupture

13 Osteochondritis Dissecans

13 Morton's Neuroma

18 Stress Fx of 2nd metatarsal

25 Plantar Fasciitis

8 Pez Planus

3 Accessory Navicular

3 Bunion

3 Posterior tibialis syndrome

3 Hammer toe

3 Degenerative Arthritis

3 Gout

3 Infection

FIG. 20

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Edit Fuzzy Data

SCANNED, # 6

MAIN

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New Diagnosis

PHYSICAL AREA Knee

AREA DIAGNOSIS Patella Malalignment

FIG. 21

Fuzzy Resp

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Yes

Diagnostical

Fuzzy Questions Fuzzy Data Y Dependent

Was it a recent injury?	30	Yes
Did you trip or fall?	20	Yes
Were you in an accident involving a vehicle?	20	Yes
Were you playing a sport?	50	Yes
Did you twist your knee?	40	Yes
Did you injury your knee while jumping?	70	Yes
Was the injury pain immediate?	60	Yes
Was the injury pain delayed?	40	Yes
Was the injury swelling immediate?	20	Yes
Was the injury swelling delayed?	70	Yes
Is there swelling above or around the kneecap?	40	Yes
Walking in general or level ground	40	Yes
Walking up or down hills	70	Yes
Running	80	Yes
Biking	70	Yes
Squatting	70	Yes
While sitting	70	Yes
Extended sitting	90	Yes
In notion standing UP	60	Yes

Yes

Sometim

Sometim

Yes

Sometim

Sometim

Edit Fuzzy Data

SCANNED, # 6

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New Diagnosis

In motion sitting DOWN	40	Yes
Has your knee ever locked up?	40	Yes
Do you feel a general stiffness?	50	Yes
You CAN NOT straighten your leg?	20	Yes
Does your knee give out?	80	Yes
Does your knee give out while walking straight?	80	Yes
Does your knee give out while changing directions?	50	Yes
Do you feel a loose body floating around?	30	Yes
Is the skin color around your knee normal?	90	Yes
Is the skin color around your knee black or blue?	20	Yes
Is there redness around the knee area?	10	Yes
Is there progressive angulation ?	10	Yes
Is there grinding or grating?	80	Yes
Is there any popping or snapping?	70	Yes
Do you feel weekness in the knee?	30	Yes
Do you have a fever?	10	Yes
Do you generally feel weak or tired?	20	Yes
Is there numbness anywhere?	10	Yes
At the time of injury, did you feel your knee pop out?	50	Yes
At the time of injury, did you fell a crack?	50	Yes
medial femoral condoyle check	50	Yes
medial joint line check	20	Yes
medial tibial plateau check	20	Yes
medial patella check	90	Yes

FIG. 22

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Yes

Yes

Sometim

Sometim

Yes

Maybe

Edit Fuzzy Data

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New Diagnosis

lateral patella check	70	Yes
tibial tubricle check	40	Yes
lateral femoral condovle check	30	Yes
lateral joint line check	20	Yes
lateral tibial plateau check	10	Yes
anterior patella check	40	Yes
posterior knee check	10	Yes
Is there swelling above or around the kneecap?	55	Yes
Is there swelling in front of the kneecap?	20	Yes
Is there constant pain?	20	Yes
Is there chronic pain?	25	Yes
Age 16 to 40	60	Yes
40 to 60	40	Yes
60 to 80	25	Yes
over 80	15	Yes
Do you feel a bump or mass?	10	Yes
straighten your knee, can you feel a tender band of tissue on the inside of	40	Yes
Pain wakes at night	15	Yes
Have you ever felt your knee cap pop out?	70	Yes
		Yes
		Yes
		Yes
		Yes
		Yes
		Yes

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Edit Fuzzy Data

MAIN

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New Diagnosis

		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

SICAL AREA Knee

DIAGNOSIS Patella Malalignment

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Total Percetages

863

Total Querles

20

Final Calculation

43.15

FIG. 24

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In Re-evaluate



Was there an injury?

Answer:
Maybe

Ability	Area Diagnosis	
3	Ankle Sprain III	95
5	Ankle Sprain I, II	90
5	Achilles rupture	70
3	Osteochondritis Dissecans	75
3	Morton's Neuroma	25
3	Stress Fx of 2nd metatarsal	15
5	Plantar Fasciitis	20
	Pez Planus	5
	Accessory Navicular	15
	Bunion	5
	Posterior tibial syndrome	10
	Hammer toe	5
	Degenerative Arthritis	10
	Gout	5
	Infection	5

FIG. 25

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Injury Activities

- ☐ Was there an injury?
- ☐ Did you trip or fall?
- ☐ Were you in an accident involving a vehicle?
- ☐ Were you playing a sport?
- ☐ Please enter the sport you were playing:
- ☐ Was it a twisting injury?
- ☐ Did you injure your knee in a jumping sport?
- ☐ Was the pain immediate or delayed?
- ☐ Was the swelling immediate or delayed?

Injury History:

- ☐ At the time of your injury, did you feel a pop in the knee?
- ☐ At the time of injury, did you feel a crack in the knee?
- ☐ Have you ever felt your knee cap pop out?

If your injury was not recent, please select all the activities that create or induce pain or discomfort:

- ☐ Walking in general, on level ground
- ☐ Walking up or down hills
- ☐ Running
- ☐ Biking
- ☐ Squatting
- ☐ While sitting
- ☐ Extended Sitting
- ☐ In Motion Standing Up
- ☐ In Motion Sitting Down

Please select all the conditions that apply to the physical state of the knee or the local area of your discomfort:

- ☐ Has your knee ever locked up?
- ☐ Do you feel a general stiffness?
- ☐ You CAN NOT straighten your leg?
- ☐ Does your knee give out?
- ☐ Does it give out while walking straight?
- ☐ Does it give out while changing directions?
- ☐ Do you feel a "loose body" floating in or around the knee? ie. a "marble" floating around?
- ☐ Is the skin color normal?
- ☐ Is the skin color black or blue?
- ☐ Is there any redness around the area?
- ☐ Is there any progressive angulation?
- ☐ Is there any grinding or grating?
- ☐ Is there any popping or snapping?
- ☐ Is there any weakness in the knee?

How do you generally feel. Please select any of the general health conditions that apply to you:

- ☐ Do you currently have a fever or had a fever in the past 12 hours?
- ☐ Do you generally feel weak or tired?
- ☐ Is there any numbness anywhere?

A few more questions:

- ☐ When you straighten your leg or knee, can you feel a tender band of soft tissue on the inside part of your knee?
- ☐ Is there swelling above or around the knee?
- ☐ Do you feel a bump or mass around the knee?
- ☐ Is there swelling in front of the kneecap?
- ☐ Is there any chronic or constant pain?

FIG. 26

Query Object in Database

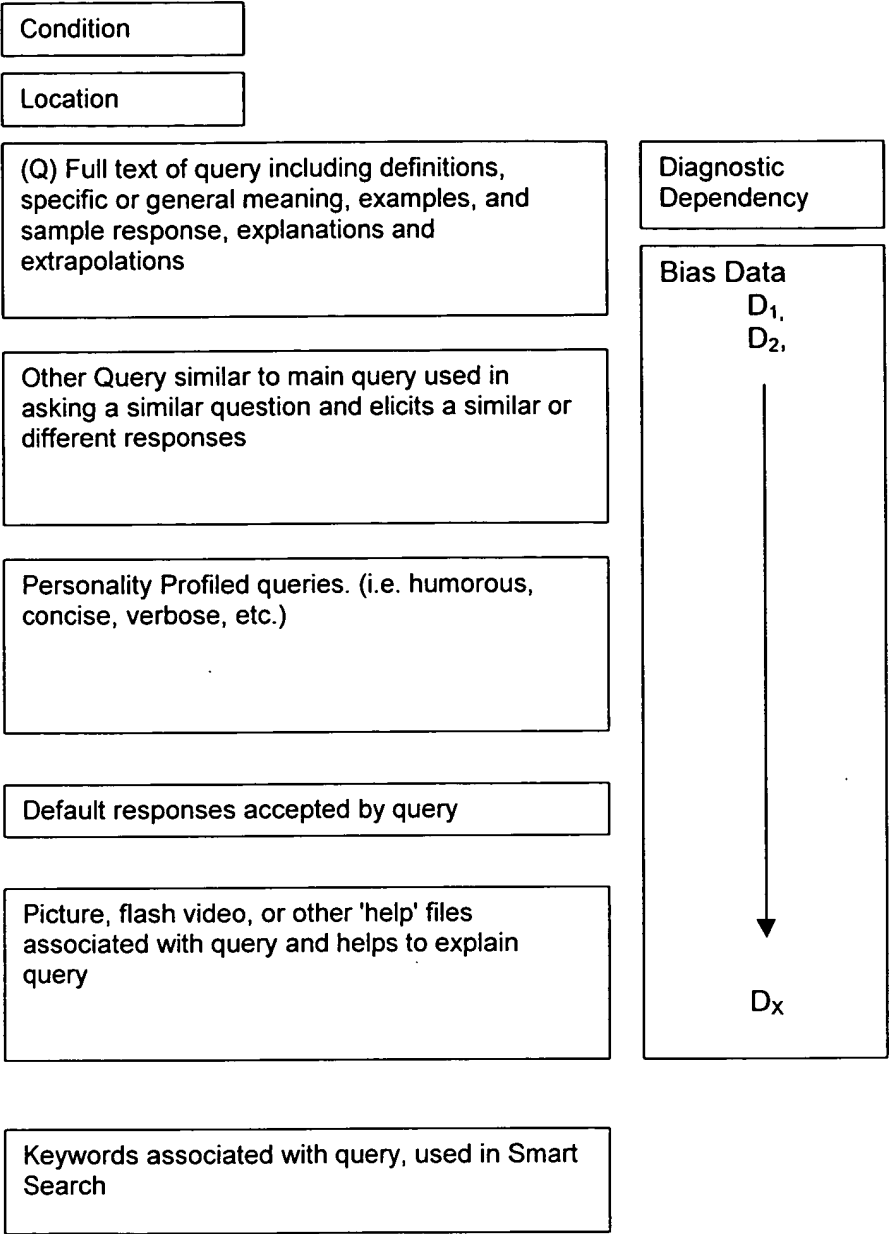


FIG. 27

"Hammer toe", "5", "10", "5", "5", "5", "5", "5", "25", "30", "40", "5", "5", "5", "95", "5", "5", "5", "5", "5", "20", "45", "60",
 "35", "35", "15", "20", "5", "5", "5", "5", "10", "10", "10", "30", "10", "30", "10", "10", "35", "65", "45", "95", "80",
 "Ankle Sprain
 III", "95", "60", "40", "90", "95", "20", "10", "90", "95", "95", "95", "95", "95", "20", "95", "40", "5", "10", "5", "10", "5", "5",
 "5", "5", "15", "5", "20", "5", "5", "95", "95", "25", "5", "5", "5", "5", "5", "15", "35", "60", "50", "30", "15", "5", "5",
 "Ankle Sprain I,
 II", "90", "60", "40", "90", "90", "85", "20", "10", "80", "85", "90", "90", "95", "65", "75", "90", "30", "5", "10", "5", "10", "5", "5",
 "5", "5", "15", "5", "20", "5", "5", "25", "95", "20", "5", "10", "5", "5", "55", "15", "25", "60", "50", "30", "15", "5", "5",
 "Achilles
 rupture", "90", "60", "40", "15", "80", "80", "10", "90", "45", "60", "65", "25", "20", "20", "70", "20", "10", "95", "50", "10", "10",
 "5", "5", "5", "5", "15", "5", "20", "5", "5", "20", "20", "10", "5", "25", "5", "5", "5", "5", "10", "20", "70", "30", "10", "5", "5",
 "Osteochondritis
 Dissecans", "75", "50", "50", "60", "70", "60", "25", "10", "50", "60", "70", "65", "65", "65", "75", "95", "70", "5", "5", "5", "10",
 "5", "5", "5", "5", "15", "5", "20", "5", "5", "40", "65", "15", "5", "10", "5", "5", "5", "10", "25", "70", "30", "20", "15", "5", "5",
 "Morton's
 Neuroma", "25", "40", "20", "5", "10", "5", "10", "5", "40", "65", "70", "5", "5", "5", "95", "5", "5", "5", "5", "5", "5", "5", "5", "5",
 "15", "15", "90", "5", "5", "5", "5", "35", "20", "95", "10", "25", "10", "25", "60", "45", "25", "5", "5",
 "Bunion", "5", "20", "5", "5", "5", "5", "5", "5", "25", "30", "40", "5", "5", "5", "95", "5", "5", "5", "5", "5", "85", "95", "95", "40",
 "40", "40", "20", "55", "5", "5", "5", "15", "10", "10", "90", "10", "30", "15", "10", "25", "50", "65", "50", "20", "35",
 "Stress Fr of 2nd
 metatarsal", "15", "40", "10", "10", "35", "20", "90", "5", "80", "85", "90", "5", "5", "5", "60", "5", "5", "5", "5", "5", "10", "10",
 "5", "10", "20", "5", "20", "5", "5", "5", "5", "5", "5", "15", "15", "95", "20", "5", "20", "50", "30", "15", "10", "5",
 "Degenerative
 Arthritis", "10", "5", "5", "5", "5", "5", "5", "5", "60", "70", "80", "55", "55", "45", "85", "85", "25", "5", "5", "5", "5", "65", "45", "35",
 "5", "45", "45", "25", "5", "5", "30", "30", "15", "20", "20", "70", "5", "20", "40", "30", "10", "50", "65", "85", "30", "25",
 "Plantar
 Fasciitis", "20", "30", "10", "5", "5", "5", "15", "5", "50", "55", "60", "5", "5", "5", "95", "5", "5", "5", "95", "80", "95", "5", "10", "5",
 "5", "15", "5", "20", "5", "5", "5", "5", "25", "85", "90", "5", "15", "10", "25", "10", "15", "70", "35", "20", "5", "5",
 "Accessory
 Navicular", "15", "20", "20", "10", "10", "5", "10", "5", "40", "50", "60", "15", "5", "15", "95", "15", "5", "5", "10", "5", "35", "5",
 "5", "5", "5", "15", "10", "20", "5", "5", "50", "30", "95", "20", "25", "10", "10", "10", "40", "95", "40", "30", "30", "10", "5", "5",
 "Pez
 Planus", "5", "30", "5", "5", "5", "5", "5", "5", "30", "40", "50", "5", "5", "5", "95", "5", "5", "5", "15", "15", "25", "25", "30", "5",
 "95", "75", "20", "5", "10", "5", "15", "20", "15", "15", "20", "10", "10", "85", "20", "15", "25", "35", "25", "5", "5",
 "Gout", "5", "5", "5", "5", "20", "20", "5", "5", "20", "30", "35", "5", "5", "5", "95", "5", "5", "5", "5", "5", "95", "95", "35", "95",
 "15", "10", "20", "10", "5", "5", "5", "5", "5", "95", "10", "30", "10", "5", "15", "60", "40", "20", "20", "15",
 "Posterior tibialis
 syndrome", "10", "10", "10", "5", "5", "5", "10", "5", "40", "45", "60", "15", "5", "10", "95", "15", "5", "5", "10", "5", "35", "5", "5",
 "5", "5", "90", "95", "20", "5", "5", "70", "25", "75", "20", "25", "10", "10", "10", "60", "80", "10", "35", "65", "30", "5", "5",
 "infection", "5", "5", "5", "5", "5", "5", "5", "50", "60", "70", "90", "80", "80", "50", "70", "15", "5", "5", "5", "5", "5", "5", "7",
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FIG. 28

H Injury Activities. Please indicate whether you have had an injury recently or in the recent past that may help assess your condition.

1 1 0 none Was there an injury?

2 1 0 none Were you playing a sport?

3 1 0 none Did you trip and fall?

4 1 0 none Did you turn your foot inward?

5 1 0 none Did you have immediate pain?

6 1 0 none Did your ankle/foot swell immediately?

H Injury History. Because of an old injury do any of the following questions apply?

7 2 0 none Did you increase your workout/activity lately?

8 2 0 none Did you feel a pop in the back of your leg?

H Non-Injury Activities. Please select any activity that causes pain or discomfort.

9 3 0 none Walking

10 3 0 none Running

11 3 0 none Jumping

H Select/Answer any question(s) that apply to your current physical state of the ankle or foot.

12 4 0 none Is your ankle swollen?

13 4 0 none Is your ankle swollen on the outside (lateral)?

14 4 0 none Is your ankle swollen on both sides?

15 4 0 none Can you bear weight?

16 4 0 none Does your ankle swell intermittently?

17 4 0 none Does your ankle lock up?

18 4 0 none Can you feel a defect in your Achilles tendon?

19 4 0 none Do you have pain in your heel?

20 4 0 none Do you have pain on the bottom of your heel?

21 4 0 none Do you have pain on the side of your heel?

22 4 0 none Do you have pain in your big toe?

23 4 0 none Is there a bump?

24 4 0 none Is your big toe angled to the side? (see photo)

25 4 0 none Is your big toe red hot and swollen?

26 4 0 none Is your foot flat?

27 4 0 none Is your foot getting flatter?

28 4 0 none Is your 2nd toe longer than your big toe?

H Select/Answer any question(s) that apply to your general physical state.

29 5 0 none Do you have a fever?

30 5 0 none Are you a diabetic?

H Please select any area(s) that you feel tenderness.

31 6 0 none medial malleolus check

32 6 0 none lateral malleolus check

33 6 0 none accessory navicular check

34 6 0 none plantar heel check

35 6 0 none medial heel check

36 6 0 none great toe MTP joint check

37 6 0 none 3rd webspace check

38 6 0 none 2nd metatarsal check

39 6 0 none sole of foot at arch check

40 6 0 none medial navicular check

H Please Select your Age

41 7 0 none 18-40

42 7 0 none 40-60

43 7 0 none 60-80

44 7 0 none Over 80

H A few more question(s).

45 8 0 none Does your toe bend downward?

46 8 0 none Does your toe ride over the next toe?

FIG. 29